

PLAINTIFF/PETITIONER/MOVANT'S NAME

RAY SAPP 446 AITA RD. SUITE 5300 S.D. CALIFORNIA 92158

PRISON NUMBER

# 646 5306

PLACE OF CONFINEMENT

(GBDF) COUNTY JAIL SAN DIEGO, CALIFORNIA 92158

ADDRESS

446 AITA RD SUITE 5300  
SAN DIEGO CALIFORNIA 92158**FILED**

MAR 12 2008

CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY *KM* DEPUTY2254 1983 ☒

FILING FEE PAID

Yes ☐ No ☒

IFP MOTION FILED

Yes ☒ No ☐

COPIES SENT TO

Court ☒ ProSe ☐United States District Court  
Southern District Of California

'08 CV 0465 L WMC

Civil No. \_\_\_\_\_

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

RAY SAPP

Plaintiff/Petitioner/Movant

v.

S.D. Sheriff's  
S.D. COUNTY JAIL

Defendant/Respondent

MOTION AND DECLARATION UNDER  
PENALTY OF PERJURY IN SUPPORT  
OF MOTION TO PROCEED IN FORMA  
PAUPERIS

I, RAY SAPP

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

## In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration S.D. COUNTY JAIL

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

(DEC-2006) (1,022 A WEEK) <sup>SKILLED</sup> <sup>LADY</sup>  
AHRENS CORP 5959 MISSION GORGE S.D. CALIFORNIA.

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

6. Do you own an automobile or other motor vehicle? ☒ Yes ☐ No

a. Make: FIAT STAR VAN Year: 1997 Model: VAN

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed? \_\_\_\_\_

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. (LUCIA A SAPP) WIFE, UNEMPLOYED

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

BANK AMERICA ? credit cards OWED  
 DISCOVERY ? " " OWED  
 SEARS ? " " OWED

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

Ø

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

Ø

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

3-10-08

DATE

Rex Sapp

SIGNATURE OF APPLICANT

(I SUFFER illiteracy.)  
 AT 50 YEARS Old

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
**(Incarcerated applicants only)**  
 (To be completed by the institution of incarceration)

I certify that the applicant RAY SAPP  
 (NAME OF INMATE)

# 6465306

(INMATE'S CDC NUMBER)

has the sum of \$ Ø on account to his/her credit at Ø

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities Ø

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

**the past six months** the applicant's *average monthly balance* was \$ Ø

and the *average monthly deposits* to the applicant's account was \$ Ø

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT  
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD  
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

3-10-08

DATE

(REFUSED SIGNATURE)

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Ø

OFFICER'S FULL NAME (PRINTED)

Ø

OFFICER'S TITLE/RANK

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
**(Incarcerated applicants only)**

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Ray Sapp #6465306, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

3-10-08

DATE

Ray Sapp (RAY SAPP)

SIGNATURE OF PRISONER

(INDIGENT)

## SAN DIEGO SHERIFFS DEPARTMENT

## Account Activity

Fac: 1 Account Group: INMATE Account Type: GEN

Account #: 6465306

Name(L,F,M,S): SAPP, RAY, JR

Start Dt/Tm: 01-01-1990 1200 Ending Dt/Tm: 02-13-2008 1311

6465306

3-3-C-240 B

Transaction #	Transaction Type	Transaction Date	Amount	Running Balance
400466173	INTAKE	12-28-2006 0256	\$122.00	\$122.00
400474525	COM	01-03-2007 0754	(\$49.07)	\$72.93
400477872	INDEP	01-05-2007 1045	\$50.00	\$122.93
400484686	COM	01-10-2007 0722	(\$32.16)	\$90.77
400494792	COM	01-17-2007 0632	(\$32.95)	\$57.82
400502364	MEDPAY	01-22-2007 1245	(\$3.00)	\$54.82
400505276	COM	01-24-2007 0951	(\$13.46)	\$41.36
400509882	INDEP	01-27-2007 1623	\$40.00	\$81.36
400515183	COM	01-31-2007 0809	(\$11.31)	\$70.05
400526472	COM	02-07-2007 1200	(\$18.28)	\$51.77
400527424	COM	02-08-2007 0510	(\$21.78)	\$29.99
400527473	COMRET	02-08-2007 0526	\$21.78	\$51.77
400533257	COMRET	02-12-2007 0944	\$3.36	\$55.13
400536530	COM	02-14-2007 0931	(\$22.19)	\$32.94
400546253	COM	02-21-2007 0803	(\$12.73)	\$20.21
400557027	COM	02-28-2007 1038	(\$7.70)	\$12.51
400568389	COM	03-07-2007 1451	(\$12.44)	\$0.07
400571301	INDEP	03-09-2007 1332	\$20.00	\$20.07
400572481	MEDPAY	03-10-2007 1121	(\$3.00)	\$17.07
400578190	COM	03-14-2007 0917	(\$8.94)	\$8.13
400578225	COM	03-14-2007 0927	(\$7.44)	\$0.69
400586939	COMRET	03-20-2007 0735	\$7.44	\$8.13
400587334	COMRET	03-20-2007 0916	\$0.94	\$9.07
400588724	COM	03-21-2007 0838	(\$7.72)	\$1.35
400596671	COMRET	03-26-2007 1325	\$1.68	\$3.03
400599228	COM	03-28-2007 0842	(\$2.96)	\$0.07
400679386	MEDPAY	05-19-2007 2311	(\$3.00)	(\$2.93)
400714677	INDEP	06-11-2007 1620	\$15.00	\$12.07
400717525	COM	06-13-2007 1129	(\$11.80)	\$0.27
400867621	INDEP	09-08-2007 1904	\$20.00	\$20.27
400869748	COM	09-10-2007 0843	(\$15.02)	\$5.25
400872494	COM	09-11-2007 1701	(\$0.01)	\$5.24
400881273	COM	09-17-2007 0726	(\$4.68)	\$0.56

Transaction Total: \$0.56

PLEASE SEND COPY BACK.

## Total Amount by Transaction Type

COM / COMMISSARY INMATE PURCHASING ITEMS	(\$292.64)
COMRET / COMMISSARY - INMATE RETURNING ITEMS	\$35.20